	1 2 3 4 5 6	AUSTIN DE TAGLE 1645 Parkside Ave San Jose, CA 95125 (408)590-4838 Orlandosanchezdetagle@gmail.com Pro Se Plaintiff		JUI	N 0 4 2024 S. DISTRICT OF CA	4 COURT	S PP PP
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	10	NORTHERN DISTRIC	OF CALIFO		_		
	11		C	24	03	358	3
	12	Austin de Tagle	COMPLAIN	Т		011	20
	13	Plaintiff(s),	) )    CIVIL RIGHT	S ACTION		SVI	B
410	14	VS.	) 42. U.S.C § 19	983			
	15	Santa Clara County District Attorney's office	) DEMAND FO	OR JURY TRI	AL		
	16	Defendant(s).	, )				
	17		)				
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	21						
	22	D.A.D.	FIEC				
	23	PART	HES				
	24	1. Plaintiff					
	25	Name: Austin de Tagle  Address: 1645 Parkside Ave San Jose, CA 951	25				
	26	Telephone (408) 590-4838	23				
	27 28						
	20	-1					
			LAINT				

1 2. Defendant Defendant 1: 2 3 Name: Olivia Mendoza Address: 70 West Hedding St. West Wing 4 5 San Jose, CA 95110 Telephone: (408) 299-7400 6 7 **JURISDICTION** 8 3. This court has jurisdiction over this complaint because it arises under the laws of the United 9 States. 42 U.S.C 1983 American Disabilities Act 1990. 42 U.S.C 1983 14th amendment 10 (Invasion of privacy) 1331, 1332. 11 12 13 14 VENUE 4. Venue is appropriate in this court because both of the defendants reside in this district, and a 15 16 substantial amount of the acts and omissions giving rise to this lawsuit occurred in the 17 Northern District court San Jose Division. 28 U.S.C 1391 18 19 INTRADISTRICT ASSIGNMENT 20 5. This lawsuit should be assigned to the San Jose division of this court because a substantial 21 part of the events or omissions which give rise to this lawsuit occurred in Santa Clara 22 County. 23 24 STATEMENT OF FACTS 25 26 6. I attended my first hearing date in case C2314686 on December 14, 2023 in Judge Manley's 27 court room. 28

are all protected under the 14th amendment and used them against me.

28

1 Second Claim 2 3 Name the law or right violated: 4 American Disabilities Act 1990 Sec 12111 5 Name the defendants who violated it: Olivia Mendoza 6 17. This treatment by the district attorney has affected me tremendously. 7 18. My health was affected a lot, I was affected psychologically on a day to day basis not given 8 the respect of my constitutional rights. 9 19. Suffering from mental health makes it difficult for me to maintain my happiness, I had no 10 privacy going anywhere. 11 20. I was embarrassed to go to the gym and I stopped going to Dark Horse MMA gym because I 12 felt so ashamed to know I was forced to wear a GPS and I was being tracked. 13 21. She has falsely accused me of crimes of I did not commit, this has put a lot of stress on me 14 dealing with corruption. 15 16 Third Claim 17 18 Name the law or right violated: 19 American Disabilities Act 1990 Sec 12203 20 Name the defendants who violated it: Olivia Mendoza 21 22. In a hearing with no court reporter just two days after being in a haring with a court reporter 22 with Johnny Alcala as my then attorney Olivia Mendoza gave testimony after I denied a plea 23 deal of case dismissal. 24 23. My case was to be dismissed if I participated in an out patient mental health clinic for one 25 year. 26 24. I am not guilty of a crime and gave testimony that I would not take the plea deal. 27 28

25. Olivia Mendoza retaliated and amended the complaint to add two more charges prior to dismissing herself from the case. **Fourth Claim** Name the law or right violated: American Disabilities Act 1990 Sec 12188 Name the defendants who violated it: Olivia Mendoza 26. I ask for enforcement by the Attorney General to investigate the denial of rights. Name the law or right violated: American Disabilities Act 1990 Sec 12205 Name the defendants who violated it: Olivia Mendoza 27. I seek attorney fees in this matter. **DEMAND FOR RELIEF** I seek compensatory damages of \$30,000,000.00 and having Olivia Mendoza disbarred **DEMAND FOR JURY TRIAL** Plaintiff demands a jury trial on all issues. Respectfully submitted, DATED: June 4, 2024 

# Case 5:24-cv-03353-SVK Document 1 Filed 06/04/24 Page 6 of 11

DISABILITY INSURANCE PO BOX 637 SAN JOSE CA 95106-0637







RETURN TO: ---->

DISABILITY INSURANCE PO BOX 989605 WEST SACRAMENTO CA 95798-9605

Mailing Date

09112023

AUSTIN O SANCHEZ DE TAGLE 1645 PARKSIDE AVE SAN JOSE CA 95125-3337

Employment Development Department State of California (800) 480-3287

# PHYSICIAN/PRACTITIONER'S SUPPLEMENTARY CERTIFICATE

EDD Customer Account Number (EDDCAN)	CLAIM ID	SSN/ECN	CED				
	DI-1011-113-053	XXX-XX-2226	03-22-2023				

Claimant Instructions: If you are still disabled, contact your physician/practitioner immediately for completion of the Physician/ Practitioner's Supplementary Certificate which must be submitted within twenty (20) days of the mailing date shown above or you may lose additional benefits.

instrucciones al Solicitante de Beneficios: Si Ud. aun sigue incapacitado, comuníquese con su Médico/Profesional (Medico) lo más pronto posible para completar el documento titulado en inglés "Physician/Practitioner Supplementary Certificate" el cual debe ser presentado dentro de un plazo de veinte (20) días de la fecha de envío indicada arriba o de lo contrario es posible que pueda perder beneficios adicionales.

Physician/Practitioner Instructions: For faster processing, the physician/practitioner may complete and submit this form online at www.edd.ca.gov. If this form is submitted online, you do not have to mail this form back to EDD. When completing this form, PLEASE PRINT WITH BLACK INK.

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ADDITIONAL QUESTIONS ON FOLLOWING PAGES



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Page 1 of 3



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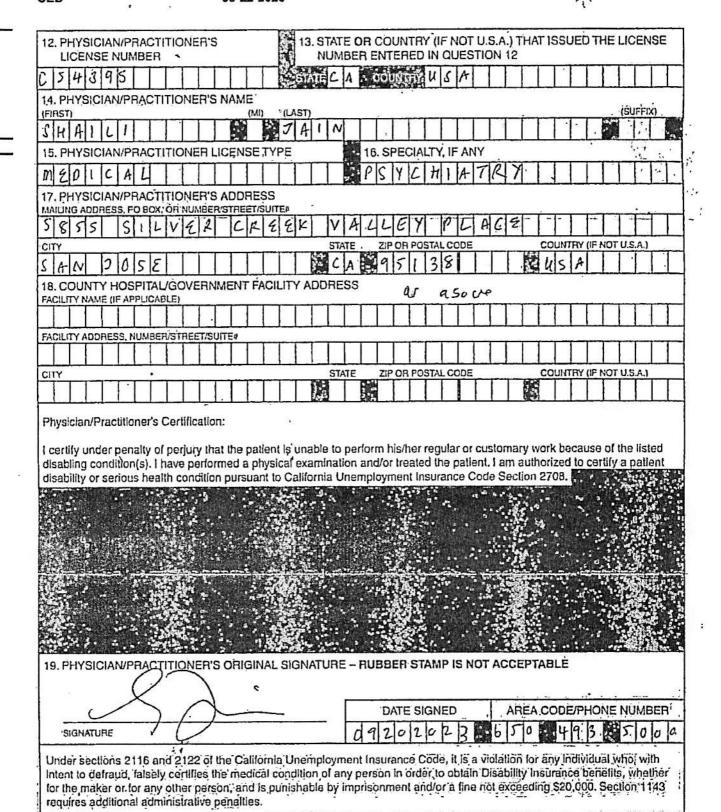
For Official Use Only .

**EDDCAN** 

Claim ID SSN/ECN CED DI-1011-113-053 XXX-XX-2226 03-22-2023



2525XX10163



# \*Refill Request Form\*

**ESCITALOPRAM OXALATE 5MG TAB** NO REFILLS REMAINING. AUSTIN ORLANDO DETAGLE

Date: 05/21/2024 Rx# 40574900C

Provider: SMITH K.

Bage 9 of 11 8

TAKE THREE TABLETS BY MOUTH EVERY MORNING TO IMPROVE MOOD.

SAN JOSE, CA 3801 MIRANDA AVE PALO ALTO, CA 94304 (800) 311-2511

Days Supply: 30 Fill: (4of4)

NÓ COPAY Clast Fill Date: Feb 01, 2025 Hed 06/04

\*Refill Request Form\*

\*FOCUMENTIN ORLANDO DETAGLE
DESCITALOPRAM OXALATE 20MG TAB Rx# 40599999

Provider: SMITH K.

State: 05/23/2024

OF TAKE ONE TABLET BY MOUTH EVERY MORNING TO IMPROVE MOOD

SAN JOSE, CA 3801 MIRANDA AVE PALO ALTO, CA 94304 (800) 311-2511

Sign Here to Order Refitt:

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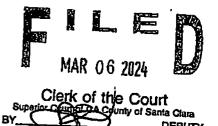
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2 REFILL(S) REMAINING BEFORE 5/23/2025

Days Supply: 90 FIII: (10f3)

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## SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CLARA HALL OF JUSTICE



DEPUTY

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

**AMENDED** FELONY COMPLAINT **CASE SUMMARY** 

**DOCKET NO. C2314686** 

DA NO: 231119360

CEN

DWS972 AOD WARR 01/12/2024

AUSTIN ORLANDO DETAGLE (03/06/1986), 5805 CHARLOTTE DRIVE APT. #A314 SAN JOSE CA 95123

Defendant(s).

### CASE SUMMARY

Count 1	Charge PC76(a)	Charge Range 16-2-3	Defendant Austin Orlando Detagle
2	PC653m(b)		Austin Orlando Detagle
3	PC653m(b)		Austin Orlando Detagle
4	PC653m(b)		Austin Orlando Detagle
5	PC653m(b)		Austin Orlando Detagle
6 ·	PC653m(b)		. Austin Orlando Detagle

### SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CLARA

### HALL OF JUSTICE

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Plaintiff,

FELONY COMPLAINT CASE SUMMARY

DA NO: 231119360

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**DWS972 AOD WARR** 

AUSTIN ORLANDO DETAGLE (03/06/1986), 5805 CHARLOTTE DRIVE APT. #A314 SAN JOSE CA 95123

vs.

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### CASE SUMMARY

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